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PTO/SB/21 (09-04)

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TRANSMITTAL FORM Application Number 10/008,967 Filing Date November 9, 2001 First Named Inventor Robert Bruce Gage Art Unit 2116

A. I. Elamin **Examiner Name** Total Number of Pages in This Submission 1466-US Attorney Docket Number ENCLOSURES (check all that apply) After Allowance Communication to Fee Transmittal Form Drawing(s) Group Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Petition Appeal Communication to Group Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): Copy of International Search Report Request for Refund Copy of one reference Express Abandonment Request CD, Number of CD(s) _____ Statement under 37 CFR 3.73(b) Copy of Assignment Information Disclosure Statement Return Receipt Postcard Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Kathryn E. Noll Individual name Signature Date

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Adotaliana, VV 22010 1400 on and data onown bottom.											
Typed or printed name	Kathryn E. Noll	00 10	_	1 -1							
Signature	halhryn E.	Mell	Date	Hpr1 26, 2	1005						

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PTO/SB/17 (12-04v2)

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Effective on 12	Complete if Known										
			Application Num	ber	10/008,967						
FEE TRANSMITTAL			Filing Date		November 9, 2						
For FY 2005			First Named Inve	Named Inventor Robert Bruce Gage							
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name A. I. Elamin								
	1		Art Unit		2116						
TOTAL AMOUNT OF PAYMENT	(\$) 630.00		Attorney Docket	No.	1466-US						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 20-0515 Deposit Account Name: Teradyne, Inc.											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
	al fee(s) or underpayme	nts of fe	-45		erpayments						
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
Information and authorization on PTO-2038.											
FEE CALCULATION											
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES											
	Small Entity		Small Entity		Small Entity	Y	Paid (\$)				
Application Type Fee Utility 300		Fee (\$	E) <u>Fee (\$)</u> 250	<u>Fee</u> 200		<u>Lag2</u>	1 GIM (#/				
Design 200		100	230 50	130							
Plant 200		300	50 150	160							
Reissue 300		500	250	600							
Provisional 200		0	0	(
2. EXCESS CLAIM FEES	100	Ū	v	`		Small Ent	ty				
Fee Description	n.:t				Fee (\$)						
Each claim over 20 (includi Each independent claim over		ies)			50 200	25 100					
Multiple dependent claims			360	180							
			e Paid (\$)		<u>Multiple</u>	e Dependent C	<u>laims</u>				
	X	_=			Fee (\$) Fee P	aid (\$)				
HP = highest number of total claims Indep. Claims Extra	Claims Fee (\$)	Fee	Paid (\$)								
3 or HP =	x	.=									
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): Extension of Time (\$450): Information Disclosure Statement (\$180) \$630.00											
SUBMITTED BY Signature No. 1. hrs	1 8 M	1/1	Registration No.	48,811	Teler	phone 617-422	2-2700				
Name (Print/Type) Kathryn E. Noll	Juc 1/2	<u>~ </u>	(Attorney/Agent)	40,611	Date	1 -1 -0	1, 2075				

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